

# First Report of Injury, Illness Exposure, or Near-Miss

## Employee Information

Generally, the Employee First Report of Injury, Illness Exposure or Near-Miss form should be filled out by the Injured Employee if they are able. In the rare event that the Injured Employee is unable to complete the form, a third party may fill out the form on behalf of the Injured Employee.

**Please select the best option below that describes you as the individual filling out this form:**

- The Injured Employee
- Supervisor of the Injured Employee
- Co-worker of the Injured Employee
- Witness

### Employee Name

First Name Middle Last Name

### Employee T-Number

\_\_\_\_\_

### Phone Number

Area Code Phone Number

### Employee Email

example@example.com

### Employee Address

Street Address

City State / Province

Postal / Zip Code

### This is a work-related

- Injury
- Illness
- Near-miss

### Is this related to the school activity?

- Yes
- No

### What was the initial treatment?

- No medical treatment
- Minor by employer
- Minor by clinic/hospital
- Emergency Care
- Hospitalized longer than 24 hours

## Work Information

### Employee's Rate of Pay

\_\_\_\_\_

### Pay Units

\_\_\_\_\_

### Number of days employee works per week

\_\_\_\_\_

### Full pay for day of injury, illness, or near-miss?

- Yes
- No

### Did salary continue?

- Yes
- No

### Department employee works for

\_\_\_\_\_

### Supervisor's Name

First Name Last Name

*A supervisor is defined as the person providing supervision for the assigned task where/when the incident occurred or the person most likely to know most about the work, persons involved and the current conditions.*

### Supervisor's E-mail

\_\_\_\_\_

### Date Supervisor Notified of Injury, Illness, or Near-Miss

Month Day Year

## Occurrence Information - Page 1

### Date of Injury, Illness, or Near-Miss Occurrence

Month Day Year

### Time of Occurrence

Hour Minute  
s

### Time Employee Began Work

Hour Minute  
s

### Did the injury, illness exposure, or near-miss occur on employer's premises?

- Yes
- No

### Describe the exact location of where the injury, illness exposure, or near-miss occurred.

\_\_\_\_\_

### Describe all of the equipment, materials, or chemicals the employee was using when injury, illness exposure, or near-miss occurred.

\_\_\_\_\_

### Describe step-by-step the work process that led up to the injury, illness exposure, or near-miss.

\_\_\_\_\_

### How did the injury or illness occur? Describe the sequence of events and include objects or substances that injured the employee or made the employee ill.

\_\_\_\_\_

### Did the injury, illness exposure, or near-miss happen during performance of regular duties?

- Yes
- No

### Were safeguards or safety equipment provided?

- Yes
- No

### If yes, were the safeguards or safety equipment used?

- Yes
- No

### Was the injury, illness exposure, or near-miss caused by failure of a machine or product?

- Yes
- No

### If this injury, illness exposure, or near-miss was caused by any person or company besides the employee, a co-employee, or the employer, please identify:

\_\_\_\_\_

### Name and Phone Number of Witness

\_\_\_\_\_

### What could have been done to prevent this injury, illness exposure, or near-miss?

\_\_\_\_\_

## Occurrence Information - Page 2

### Type of Injury or Illness

\_\_\_\_\_

### Side of Body Affected

- Right
- Left
- Bi-lateral
- Unknown

### Part of Body Affected

\_\_\_\_\_

### Has the employee injured this part of body before?

- Yes
- No

### Provide details regarding previous injury.

\_\_\_\_\_

### Employee's Last Work Date

Month Day Year

### Date Employee Returned to Work

Month Day Year

### Date Employee's Disability Began (if applicable)

Month Day Year

### If fatal, give the date of death.

Month Day Year

Upon submitting this form, the response will be reviewed by appropriate parties. The employee's supervisor will also receive additional instructions to assist with assessing the situation.

\_\_\_\_\_